

Borough of Bedford



School Health Service

1971

B O R O U G H O F B E D F O R D

COMMITTEE FOR EDUCATION


SCHOOL HEALTH SERVICE

1971

REPORT

of the

SCHOOL MEDICAL OFFICER



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COMMITTEE FOR EDUCATION

(at 31 December 1971)

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ALDERMAN R. A. WHITTINGHAM (Vice-Chairman)
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MRS. C. M. METZ

Nominees of Local Education Authority -

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COUNTY COUNCILLOR MRS. M. DIPROSE
COUNTY COUNCILLOR A. SOSKIN

TOWN CLERK -	G. F. SIMMONDS, M.A., LL.B.
BOROUGH EDUCATION OFFICER -	D. R. KNAPP, B.Sc, A.R.C.S.
SCHOOL MEDICAL OFFICER -	J. G. M. MORTIMER, M.B., Ch.B. D.Obst., R.C.O.G., D.P.H.

PUBLIC HEALTH DEPARTMENT

TOWN HALL

BEDFORD

Tel: 0234 - 67422

MARCH 1972

TO: HER WORSHIP THE MAYOR,
CHAIRMAN AND MEMBERS OF
THE COMMITTEE FOR EDUCATION

Over the years since its inception in 1908 we, in the School Health Service, have worked very closely with our colleagues in the teaching profession and this liaison by daily contact through correspondence and conversations with the Borough Education Officer and his staff is now at a most highly developed stage; and so I view with some trepidation the possibility that the unification in April 1974 of the three parts of the National Health Service outside Local Authorities, will create a gulf between the School Health Service and the Education Department of the Local Authority.

The closeness with which the two Departments work is reflected in the goodwill extended to my staff by the Head Teachers who know that they have ready access to medical advice. This goodwill allows not only for the smooth running of the routine medical inspections but also for identification and assessment of medical/educational problems.

Such problems often centre around a pupil with a physical handicap who is struggling in his attempts to progress academically in an ordinary school. All teachers recognise that every child should have a right to attend his own local school with his friends from his own neighbourhood, and so it is only with reluctance that any teacher or I would suggest that any handicapped child should be deprived of this right.

Table 14 details the number of children who are actually attending special schools because of specific handicaps. The total number of those children who, in our opinion, require special residential education, is relatively very low and you will see how consistently small the number

has been over the past three years. The number of children on the other hand in attendance at the Grange School has again risen, and in my opinion (and welcomed with considerable satisfaction which will be recognised by long standing Members of the Committee) now meets the needs.

The 1944 Education Act allows the Local Education Authority to take an interest in handicapped children from the age of 2 years, and by identifying such at this early age and by assessment and observation, we in the School Health Service can better advise on the appropriate school placement.

During recent years we have been expending more and more effort on such assessment in the pre-school years and endeavouring to use the available, as yet limited, pre-school provision to the best advantage to lessen the educational handicap which might otherwise befall the disabled child.

Table 15 details the type of handicap and provision which we are making for those pre-school children who appear to be handicapped. The more efficient the process of assessment and the more adequate the special pre-school provision, the less will be the anxiety and frustration of the parents, for let us not forget the need to involve the parents in the process of assessment of any pre-school handicapped child. Support is also available to parents through the good offices of the various voluntary associations, who take a specific interest in handicapped children, and those voluntary organisations must be encouraged to establish and maintain their rightful place in the total care of the handicapped child and his parent.

Rubella

First let me reassure you that the surprisingly large number recorded in Table 17 is a direct result of the introduction of notification of Rubella in the Borough of Bedford. Prior to October 1970, Rubella was not notifiable in Bedford.

Rubella vaccination is now being accepted by 90% of the girls at our schools but I would point out that the policy of offering Rubella vaccination to girls between the age of 11 - 14 years will, of course, have little effect on the incidence of Rubella amongst, younger children and have no effect on the incidence of Rubella amongst boys. The purpose of such vaccination is not to protect society but to protect the girl herself from contracting Rubella during the early stages of a future pregnancy which would result in the birth of a handicapped child.

Dyslexia

During the year there has been considerable public discussion on the problem of dyslexia (word blindness). The controversy over dyslexia can only be answered if we are prepared to accept that certain children do have a specific learning difficulty which responds to a method of teaching which is designed to overcome their specific disability. This process requires a very close working relationship between the teacher and the educational psychologist but the first most important step is for the parent and the child to have confidence in the teacher.

Computer Application

In this scientific age we look to the computer to answer our problems. Does the computer offer any advantages to the School Health Service? Having been born on the 1st January 1968 the first child on the computer

file compiled for health purposes, is due to start school at the beginning of the Spring Term 1973. Since the School Health Service is so personal and since the information on each child must be immediately available there will always be a need for a manually controlled file on each child. However, we should consider the possibility that a computer could be used to "handle" medical routines, viz: initial full medical examinations, immunisations, biennial eye testing, audiometric assessment at the age of 7, selective medical examination at the age of 10 and final medical examination in the year prior to school leaving.

Against the possible benefits of using the computer we must balance the expense of maintaining an up-to-date file on over 12 thousand children. If the Education Department could tap this file for benefits to itself, then, I personally, would be persuaded that a computer file of the health records of the schoolchildren would be economically advantageous.

Drug Mis-use

The increasing public awareness of the danger of the mis-use of drugs by schoolchildren was reflected in a well attended public meeting on this subject at Pilgrim School and I was particularly encouraged by this demonstration of public awareness and also by the establishment in Bedford of a Branch of the Association for the Prevention of Drug Abuse which will provide for the parents a source of information and advice. Informed public awareness is the only sure safeguard against this threat to our young people.

Raising of the School Leaving Age

It is our current practice to carry out the final school medical examination in the Spring term of the scholastic year in which the child

becomes 15 years of age, and which, until this year, has been possibly his final year at school.

Since many of the children consult the Careers Officer during the preceding Winter term, I have decided to take advantage of the raising of the school leaving age to allow us to examine the children prior to such consultation so that the Careers Officers will be in possession of appropriate information should the child have any particular handicap.

To do this, we will continue to carry out the final medical examination in the Spring term of the scholastic year in which the child becomes 15 so that every child with a handicap can be advised of the implications of that handicap in the choice of a suitable career in ample time before he leaves school.

School Dental Service

I am particularly pleased to include the following report on the School Dental Service in the Borough from Mr H.W.S. Sheasby, Chief Dental Officer.

In 1971 the dental staff serving the Borough clinics remained much as in the previous year. Mr Wilcox, the Area Dental Officer for Bedford, received support from several of the County Dental Officers and from a Dental Auxiliary.

The new dental centre planned for Queen's Park was not quite completed by the builders at the end of the year. Treatment therefore continued to be provided at the Union Street and Queen's Drive static clinics and in the old mobile clinic stationed at Pearcey Road School and used in lieu of a static centre. This vehicle is about to be replaced by another one which can be moved from school to school, thus enabling it to give

better service south of the river.

The increase in coverage of the school population and in output of work, which has been so marked of recent years, was maintained. The previous year's exceptionally large increase (over 50%) in the number of children who received dental inspection in school was reinforced, the 1970 figure being exceeded by over 40%. This means that the great majority of the children on school roll did receive dental inspection and when the new centre at Queen's Park becomes available we hope to be able to inspect all school children regularly. Regular dental inspection is very important because it draws the parents' attention to the existence of faults in teeth not previously known to be defective. Many teeth, as a result, will be preserved instead of being lost through decay, and many simple procedures will not through neglect have to be replaced by more difficult and unpleasant ones.

The popularity which the Orthodontic service has always maintained since the first specialist appointment was made five years ago did not slacken. Indeed more appliances were fitted than in any previous year.

Conclusion

Many are the links between the School Health Service and the various departments of the Local Authority. With the re-organisation of the Health Services outside local authorities these links will be stretched - let us strengthen them now in anticipation - They must not break.

J.G.M. MORTIMER
School Medical Officer

S C H O O L R O L L

Table 1

<u>Type of School</u>	<u>No. of Schools</u>	<u>No. on Roll</u>
Nursery	1	44
Infant	10	2602
Primary Junior Mixed	9	4114
Primary Junior Mixed and Infants	3	1326
Middle School	1	568
Secondary Modern	6	3273
Co-educational Selective (Mixed)	1	992
	<hr/>	<hr/>
Totals. Year 1971	31	12,919
	<hr/>	<hr/>
" 1970	31	12,430
" 1969	31	11,939

Table 2

Periodic Medical Inspections

Age Groups inspected (By year of Birth)	Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition	Total individual pupils
1967 & later	41	41	-	-	2	17	17
1966	835	835	-	-	18	87	98
1965	448	448	-	-	10	45	50
1964	23	22	1	-	-	5	5
1963	4	4	-	-	-	-	-
1962	1	1	-	-	-	-	-
1961	20	20	-	114	1	4	5
1960	139	139	-	505	11	23	29
1959	53	53	-	219	3	12	13
1958	3	3	-	-	-	-	-
1957	6	4	2	-	-	-	-
1956 & earlier	860	860	-	-	53	66	111
TOTAL 1971	2,433	2,430	3	838	98	259	328
1970	2,267	2,264	3	903	83	213	267
1969	3,072	3,067	5	73	104	342	402

OTHER INSPECTIONS

Table 3

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

	1971	1970	1969
Number of special inspections	440	344	450
Number of re-inspections	467	412	673
Totals -	907	756	1,123

INFESTATION WITH VERMIN

Table 4

	1971	1970	1969
Individual examination of pupils in schools by school nurses.	23,253	22,590	22,879
Pupils found to be infested	130	93	146
Pupils who were infested once	79	79	-
" " " " more			-
than once	22	14	
Cleansing notices issued under the Education Act, 1944 -			
Section 54 (2)	-	-	-
Section 54 (3)	-	-	-
No. of children cleansed at Borough Cleansing Station	8	4	20

Table 5

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS

Defect or Disease	Periodic Inspections (O-Observation)										Special Inspections	
	(T-Treatment)				Leavers			Others			T	O
	T	O	T	O	T	O	T	O	T	O		
Skin	10	31	12	36	2	8	24	75	3	1	0	
Eyes vision	30	35	53	16	15	6	98	57	9	-		
squint	15	19	2	5	2	-	19	24	-	-		
other	2	5	2	19	-	7	4	31	3	24		
Ears hearing	21	57	6	9	7	9	34	75	44	79		
otitis media	2	5	9	3	-	1	11	9	1	-		
other	1	2	-	2	-	-	1	4	2	1		
Nose and throat	14	60	7	7	1	9	22	76	8	4		
Speech	7	33	1	3	-	3	8	39	10	4		
Lymphatic glands	-	12	-	1	-	-	-	13	-	-		
Heart	21	32	4	8	2	6	27	46	-	1		
Lungs	2	17	2	18	-	6	4	41	2	4		
Developmental hernia	7	7	-	-	2	1	9	8	1	-		
other	6	55	7	7	3	6	16	68	12	17		
Orthopaedic posture	1	10	1	8	1	2	3	20	-	-		
feet	29	112	3	24	8	6	40	142	5	1		
other	1	23	2	9	2	5	5	37	2	5		
Nervous system epilepsy	1	3	-	-	-	-	1	3	-	-		
other	3	3	1	2	-	-	4	5	1	-		
Psychological development	4	28	-	2	2	12	6	42	7	3		
stability	2	25	1	3	4	6	7	34	45	5		
Abdomen	4	9	4	3	2	4	10	16	-	-		
Other	1	6	2	5	1	3	4	14	123	25		
Totals	1971	184	119	190	54	100	357	879	278	171		
	1970	187	70	111	39	64	296	772	220	128		
	1969	150	101	75	195	245	446	897	360	100		

Table 6

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Cases known to have been dealt with		
	1971	1970	1969
External and other, excluding errors of refraction and squint	1	2	2
Errors of refraction (including squint)	589	518	387
Totals	590	520	389
Pupils for whom spectacles were prescribed	124	141	105

Table 7

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	1971	1970	1969
Pupils who received -			
Operative treatment			
(a) for diseases of the ear	3	-	-
(b) for adenoids and chronic tonsillitis	23	28	58
(c) for other nose and throat conditions	-	-	-
Other forms of treatment	10	12	10
Totals	36	40	68
Pupils on registers at 31 December 1971 provided with hearing aids:-			
With new aids	2	1	7
With aids supplied in other years	30	30	27
Totals	32	31	34

	1971	1970	1969
Pre-school children provided with new aids	2	6	2

TABLE 8

DISEASES OF THE SKIN
(excluding uncleanliness)

	1971	1970	1969
Ringworm - (a) Scalp	-	-	15
(b) Body	1	1	9
Scabies	12	9	8
Impetigo	1	5	5
Other skin diseases	4	-	8
	18	15	45

N.B. 65 cases of verrucae were notified during the year 1971

Table 9

CHILD GUIDANCE TREATMENT

	1971	1970	1969
Pupils treated at Child Guidance Clinics	139	142	136

Table 10

SPEECH THERAPY

	1971	1970	1969
Pupils treated by speech therapists	202	211	159

Table 11

OTHER TREATMENT GIVEN

	1971	1970	1969
Pupils with minor ailments	52	18	83
Pupils who received convalescent treatment under School Health Service arrangements	-	-	5
Other than above	-	-	-
Pupils issued with Enuresis Alarms	41	27	38

Table 12

DENTAL INSPECTION AND TREATMENT

Attendances & Treatment	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	1,277	1,288	218	2,783
Subsequent visits	2,290	3,124	433	5,847
Total visits	3,567	4,412	651	8,630
Additional courses of treatment commenced	163	184	30	377
Fillings in permanent teeth	1,623	3,366	790	5,779
Fillings in deciduous teeth	1,934	147	-	2,081
Permanent teeth filled	1,120	2,680	675	4,475
Deciduous teeth filled	1,671	141	-	1,812
Permanent teeth extracted	89	530	89	708
Deciduous teeth extracted	1,530	595	-	2,125
General anaesthetics	413	182	11	606
Emergencies	105	68	12	185

Number of pupils X-rayed	301
Prophylaxis	1,023
Teeth otherwised conserved	27
Number of teeth root filled	14
Inlays	2
Crowns	7
Courses of treatment completed	2,857

<u>Orthodontics</u>	
Cases remaining from previous year	-
New cases commenced during year	62
Cases completed during year	41
Cases discontinued during year	8
No. of removable appliances fitted	112
No. of fixed appliances fitted	25
Pupils referred to Hospital Consultant	-

<u>Prosthetics</u>	5 - 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	1	6	6	13
Number of dentures supplied	1	6	6	13

<u>Anaesthetics</u>	General Anaesthetics administered by Dental Officers	10
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Inspections	1971	1970	1969
(a) First inspection at school. Number of pupils	9,467	6,640	4,421
(b) First inspection at clinic. Number of pupils	1,639	1,636	1,108
Number of (a) (b) found to require treatment	5,820	4,472	3,637
Number of (a) (b) offered treatment	5,820	4,469	3,634
(c) Pupils re-inspected at school or clinic	335	265	299
Number of (c) found to require treatment	256	202	233

Sessions	1971	1970	1969
Sessions devoted to treatment	1,378.9	1,378.3	937.9
Sessions devoted to inspection	81.8	43.8	39.0
Sessions devoted to Dental Health Education	-	-	4.6

Table 13

AUDIOMETRY SERVICE

<u>Sweep Testing</u>	No. of Infants passed	1,172		
	No. of Infants failed	78		
	No. of Infants tested	1,250		
<u>Specials</u> <u>(Referrals and</u> <u>Re-tests)</u>	Pass	160		
	Fail	82		
Total Number of tests		1971	1970	1969
		1,492	1,385	1,401

Table 14

HANDICAPPED PUPILS

The following table shows the number of children attending special schools because of the handicaps mentioned:

	1971	1970	1969
Blind and Partially Sighted	4	4	3
Deaf and Partially Hearing	8	10	9
Epileptic	1	-	-
Physically Handicapped	5	2	4
Delicate	5	3	11
Educationally Sub-normal	2	2	1
Maladjusted	12	11	16
Other	-	-	-

EDUCATIONALLY SUB-NORMAL CHILDREN

	1971	1970	1969
Resident at St. Margaret's School, Great Gaddesden	24	23	26
In attendance at Grange Day Special School, Kempston	89	71	60

TABLE 15	B.A.P.G.				Bedford Day Nursery				Drayton House				Italian Day Nursery				Not Placed Yet				Parkdene PHU				Priory SP Unit				Private Play Group				Queens Park Mentally Hand. Play Group				Whiston Rd. Unit Northampton			
	1969	1968	1967	1966 Sept-Dec	1969	1968	1967	1966 Sept-Dec	1969	1968	1967	1966 Sept-Dec	1969	1968	1967	1966 Sept-Dec	1969	1968	1967	1966 Sept-Dec	1969	1968	1967	1966 Sept-Dec	1969	1968	1967	1966 Sept-Dec	1969	1968	1967	1966 Sept-Dec								
YEAR OF BIRTH																																								
Blind																													1											
Partially Sighted																																								
Deaf																																								
Partially Hearing						1	1												2																					
Delicate																		1																						
Epileptic																		1	1																					
Maladjusted																																								
Mentally Retarded			2							1								1																						
Severely Subnormal			1									1						1	2	1									2											
Physically Handicapped											1	4	1					1	1	2																				
Speech Defect		1	1															1	1	2																				
Undiagnosed			2																																					
TOTALS	-	-	6	-	1	1	1	-	1	5	1	2	1	-	1	-	-	4	8	6	-	-	1	1	-	2	2	-	2	-	1	-	1							

Table 16

TUBERCULIN TEST AND B.C.G. VACCINATION
CHILDREN 13 YEARS AND UPWARDS

School Children and Students

	1971	1970	1969
No. skin tested	*1,550	1,166	1,179
No. found positive	218	182	185
No. found negative	1,208	911	926
No. vaccinated	1,205	911	925

* Including 45 children who had been vaccinated previously.

Tuberculin Testing - Heaf Method - School Entrants

	1971	1970	1969
Consent given	1,158	1,044	1,045
Consent not given	192*	156	159*
No. of children tested	1,003	875	878
No. found to be negative	962	855	818
No. found to be positive	41	20	60
Absent from school at time of test	134	140	147
Left school before test given	21	29	20

* Of these numbers the greater part had received B.C.G. vaccination, or were under observation at the Chest Clinic.

Table 17

INFECTIOUS DISEASESCases of Infectious Diseases amongst School Children
Notified during the year

	1971	1970	1969
Measles	75	88	232
Scarlet Fever	11	11	10
Whooping Cough	3	12	-
Jaundice	4	2	2
Dysentery	1	1	10
Rubella	242	10	-
Typhoid	1	-	1
Food Poisoning	-	1	-
Meningococcal Infection	-	1	1
Respiratory Tuberculosis	2	-	-
TOTALS	339	126	256

Table 18 CANDIDATES FOR ADMISSION TO TEACHER TRAINING
COLLEGES AND THE TEACHING PROFESSION

	1971	1970	1969
No. of medical examinations undertaken	100	112	117

Table 19 BYELAWS - EMPLOYMENT OF SCHOOL CHILDREN

	1971	1970	1969
No. of children seen and certified as fit for employment	116	165	212

